Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ COUNTY, NEVADA

_____ Plaintiff / Petitioner, vs. _____ Defendant / Respondent.	CASE NO.: _____ DEPT: _____

Order to Proceed in Forma Pauperis

Upon consideration of the movant's Application to Proceed in Forma Pauperis (*judge will check one box*),

☐ ***Denied.*** The Court finds that the applicant is not indigent, therefore, IT IS HEREBY ORDERED that the applicant's request to proceed In Forma Pauperis is DENIED.

☐ ***Granted.*** The Court finds that the applicant is indigent, therefore, IT IS HEREBY ORDERED that applicant's request to proceed In Forma Pauperis is GRANTED and (*your name*) _____ shall be permitted to proceed with this action pursuant to the terms of this Order.

IT IS FURTHER ORDERED that if the above-named party prevails in this action, the Court shall enter an order pursuant to NRS 12.015 requiring the opposing party to pay the

© 2022 Nevada Supreme Court

Court, within five (5) days, the costs which would have been incurred by the prevailing party, and those costs must then be paid as provided by law.

IT IS FURTHER ORDERED that the above-named party shall be permitted to commence or defend the action without costs. The Clerk of Court shall file or issue any necessary writ, process, pleading, or paper without charge.

IT IS FURTHER ORDERED that the Sheriff or other appropriate officer within this State shall make personal service of any necessary writ, pleading, or paper without charge.

IT IS FURTHER ORDERED that this Order shall not apply to costs for transcripts or recordings of court proceedings. A separate application and order shall be required to waive any such fees.

IT IS FURTHER ORDERED that this Order shall expire one year from the date the Order is filed. The party shall be required to reapply for any further waiver after this Order expires.

DATED _____, 20___.

_____
DISTRICT COURT JUDGE

Respectfully Submitted:

(*Signature*) /s/_____

(*Printed Name*) _____